

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000007944

FILED
Feb 16, 2010
Secretary of State

Entity Name: CAREGIVER SURVIVAL INSTITUTE, INC.

Current Principal Place of Business:

10204 GIFFORD DRIVE
SPRING HILL, FL 34608-272 US

New Principal Place of Business:

Current Mailing Address:

4142 MARINER BLVD.
#204
SPRING HILL, FL 34609

New Mailing Address:

FEI Number: 26-0766572

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRAVLAND, RHONDA
10204 GIFFORD DR
SPRING HILL, FL 34608 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ED
Name: TRAVLAND, DAVID A PHD
Address: 10204 GIFFORD DR
City-St-Zip: SPRING HILL, FL 34608

Title: P
Name: TRAVLAND, RHONDA
Address: 10204 GIFFORD DR
City-St-Zip: SPRING HILL, FL 34608

Title: VP
Name: WEAVER, TERRY
Address: 3407 RACKLEY ROAD
City-St-Zip: BROOKSVILLE, FL 34604

Title: S
Name: ALEXANDER, CINDY
Address: 6914 JONES ROAD
City-St-Zip: ODESSA, FL 33556

Title: T
Name: THOMAS, DAVID
Address: 822 KENTUCKY AVE. SE
City-St-Zip: WASHINGTON, DC 20003

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RHONDA TRAVLAND

PRES

02/16/2010

Electronic Signature of Signing Officer or Director

Date